

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P37943 (8)

1. Corporation Name
WEATHERFORD U.S., INC.



Principal Place of Business Mailing Address
1360 POST OAK BLVD.
SUITE 1000
HOUSTON TX 77056
PO BOX 27608
HOUSTON TX 77227-7608

3. Date Incorporated or Qualified 03/04/1992 3a. Date of Last Report 06/21/1996
4. FEI Number 76-0356042 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURQUIERES, PHILIP	1.2 NAME	
STREET ADDRESS	1360 POST OAK BLVD., SUITE 1000	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77056	1.4 CITY-ST-ZIP	
TITLE	V/T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOLEN, NORMAN W.IP	2.2 NAME	
STREET ADDRESS	1360 POST OAK BLVD., SUITE 1000	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77056	2.4 CITY-ST-ZIP	
TITLE	V/S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, SUZANNE H.	3.2 NAME	
STREET ADDRESS	1360 POST OAK BLVD., SUITE 1000	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77056	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EAGLES, MARION E..	4.2 NAME	
STREET ADDRESS	1360 POST OAK BLVD., SUITE 1000	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77056	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, WELDON	5.2 NAME	
STREET ADDRESS	1360 POST OAK BLVD., SUITE 1000	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77056	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Weldon Walker Weldon Walker - Vice President 4/18/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (713) 439-9400

CR2E034 (9/96)